

UBC Okanagan Office of Research Services REQUEST FOR ISSUE OF A SUBGRANT

Office of Research Services Phone: (250) 807 9412

FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED

UBC OKANAGAN RESEARCHER INFORMATION								
SURNAME	GIVEN	GIVEN NAME						
FACULTY/DEPARTMENT/UNIT	ACAD	ACADEMIC RANK						
PHONE NUMBER	EMAII	EMAIL						
PROJECT INFORMATION								
REQUEST DATE								
TITLE OF PROJECT								
PROJECT/GRANT NUMBER	SPEED	SPEED CHART						
RECIPIENT INSTITUTION INFORMATION								
RECIPIENT RESEARCHER'S SURNAME, GIVEN NAME(S)								
RECIPIENT INSTITUTION NAME								
AMOUNT OF GRANT TO BE SENT YEAR 1		PERIOD OF GRANT FOR YEAR 1 (MM/DD/YYYY – MM/DD/YYYY)						
Notes:								
 UNLESS SPECIFIED OTHERWISE, ANY EQUIPMENT PURCHASED BY THE CO-INVESTIGATOR WITH THESE FUNDS WILL BELONG TO THE RECIPIENT INSTITUTION, WHICH IS THE STANDARD PRACTICE. ON THE NEXT PAGE, PLEASE PROVIDE A BRIEF STATEMENT OF WORK AND BUDGET BREAKDOWN. THIS WILL FORM PART OF THE TRANSFER AGREEMENT. 								
Office of Research Services								
NAME	Signature		DATE					

APPENDIX B

APPROVED USE OF FUNDS:								
BUDGET								
BUDGET SUMMARY		AMOUNT						
STUDENT SALARIES (INCLUDING BENEFITS)		BACHELOR'S						
		MASTER'S						
		MASTER S						
		DOCTORATE						
NON-STUDENT SALARIES (INCLUDING BENEFITS)		POSTDOCTORAL						
		OTHER						
EQUIPMENT (INCLUDING POWERED VEHICLES)**								
TRAVEL								
PROFESSIONAL AND TECHNICAL SERVICES/CONTRACTS								
MATERIALS, SUPPLIES AND OTHER EXPENDITURES								
TOTAL:								
*ALL EQUIPMENT PURCHASED WITH THESE GRANT FUNDS BELONG TO THE RECIPIENT INSTITUTION YES NO								
SIGNATURES								
UBC Okanagan Researcher								
NAME	SIGNATURE			DATE				

Note: This Appendix is an integral part of the transfer of funds agreement.